

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40481

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 46			
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Henry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton MO 042</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Genl Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>411 EAST GREEN</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>minnie</u>		b. (Middle) <u>PARSON</u>		c. (Last) <u>SHERMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 16 1950</u>			
5. SEX <u>FEM</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>Nov 10 1872</u>			
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHING SCHOOL</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Clinton MO</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>ALBERT G. SHERMAN</u>		13b. MOTHER'S MAIDEN NAME <u>LAURA BUCKINGHAM</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Sherman</u>		ADDRESS <u>Clinton MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FIBRO-SARCOMA UTERUS</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 YR.</u> <u>174X</u>	
19a. DATE OF OPERATION <u>DEC 16 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>FIBRO-SARCOMA UTERUS</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>08 NOV. 1950</u> , to <u>16 DEC. 1950</u> , that I last saw the deceased alive on <u>16 DEC. 1950</u> , and that death occurred at <u>12:30A M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD.</u>				23b. ADDRESS <u>Clinton, MO.</u>		23c. DATE SIGNED <u>19 Dec. 1950</u>			
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEM</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton MO</u>			
DATE REC'D BY LOCAL REG. <u>Dec-18-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.E. Connelley</u>		ADDRESS <u>Clinton MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1227-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 12-27-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

J. E. Connelley

Licensed Embalmer No. 1891

P. O. Address *Clinton mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.